

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-042056

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. **77**

Primary Registration District No. **3016**

Registrar's No. **467**

FILED DEC 13 1962

VS 300
Rev. 4/59

0269

3269

3

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9331X

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11

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13 **-0**

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY COLE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY COLE	
b. CITY (If outside corporate limits, give TOWNSHIP only) JEFFERSON CITY		c. CITY OR TOWN JEFFERSON CITY	
Length of stay in 1b 60 years		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Hospital		d. STREET ADDRESS (If outside, give location) 820 Fairmount Blvd	
3. NAME OF DECEASED (Type or print) First LOUIS Middle (NMN) Last HOFFMEYER		4. DATE OF DEATH Month December Day 4th Year 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1/20/1888
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoe Worker		10b. KIND OF BUSINESS OR INDUSTRY Shoe Manufacturing	
13a. FATHER'S NAME Benjamin Hoffmeyer		13b. MOTHER'S MAIDEN NAME Amelia Hoellrich	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW #1		16. SOCIAL SECURITY NO. [REDACTED]	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cerebral hemorrhage DUE TO (c) Cerebral vascular disease - hypertensive		17. INFORMANT Mrs Lena Hoffmeyer, Jefferson City, Mo.	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20c. TIME OF INJURY Hour 5:15 a.m. p.m. Month, Day, Year 11-27-62		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Interval between onset and death 1 week	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Jefferson City, Mo.	
21. I attended the deceased from 11-27-62 to 12-4-62 and last saw him alive on 12-3-62 Death occurred at 5:15 AM on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE Robert H. Ranner, M.D.	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Dec 6th 1962	
23c. NAME OF CEMETERY OR CREMATORY Riverview Cemetery		23d. LOCATION (City, town, or county) (State) Jefferson City, Missouri	
24. FUNERAL DIRECTOR Freeman Mortuary		25. DATE RECD. BY LOCAL REG. 8 December 1962	
26. REGISTRAR'S SIGNATURE R. Ranner, M.D.		27. DATE SIGNED 12-4-62	

FEB 6 1963

DEC 14 1962

DEC 11 1963

JAN 20 1964

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Donald K. Freeman

Licensed Embalmer No. 4623

P. O. Address Genoa

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.